# AmeriCorps@CARE TERMINATION OF CHILDCARE BENEFITS FORM

### \*Please Complete Pages 1 and 2\*

## **SECTION A: MEMBER INFORMATION:** MEMBER NAME: SSN: \_\_\_\_-\_\_ CURRENT CAREGIVER(S): (Please list all current caregivers for you child(ren). NAME\_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_ CONTACT PERSON\_\_\_\_\_ SSN/ FED ID#\_\_\_\_-\_\_-PHONE # ( ) CONTACT PERSON **SECTION B: CHILD(REN) INFORMATION:** TOTAL NUMBER OF CHILD(REN) RECEIVING CARE: \_\_\_\_\_ (List each child below) NAME: SSN: DATE OF BIRTH: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_/\_\_\_/ \_\_\_\_/\_\_\_/ I, the member, hereby acknowledge that I no longer need the AmeriCorps childcare benefit because: I have completed my term of service in AmeriCorps. I have been terminated/resigned from AmeriCorps for reason or cause. I am currently still a member in the AmeriCorps program, but no longer need the childcare benefit.

## **SECTION C: PROGRAM DIRECTOR INFORMATION:** (Must only be completed by Program Director) NAME OF AmeriCorps PROGRAM SITE: PROGRAM DIRECTOR'S NAME: \_\_\_\_\_ MEMBER'S EFFECTIVE START DATE WITH AmeriCorps: \_\_\_\_/\_\_\_/\_\_\_\_ MEMBER'S LAST DATE OF SERVICE WITH AmeriCorps: \_\_\_\_\_/\_\_\_\_ NOTE: THE CORPORATION FOR NATIONAL SERVICE REQUIRES THE PROGRAM DIRECTOR TO REPORT IMMEDIATELY MEMBERS WHO ARE NO LONGER IN SERVICE TO VISTA. YOUR PROGRAM MAY BE RESPONSIBLE FOR PAYMENTS IMPROPERLY MADE TO CAREGIVERS ON BEHALF OF TERMINATED MEMBERS. I certify that the above named member is no longer a participant in the AmeriCorps Program. Please finalize childcare reimbursements to the caregiver(s) effective as of / -OR-The above named member has stated that he/she no longer needs childcare benefits through AmeriCorps@CARE in order to participate in the program as of\_\_\_\_\_/\_\_\_\_. PLEASE SIGN BELOW:

### FINALIZING CHILD CARE PAYMENTS:

AmeriCorps Member's Signature

Program Director's Signature

Members and caregivers must complete any outstanding childcare coupons as soon as possible. Once completed and signed by both member and caregiver, coupons must be mailed (**NO FAXES OR COPIES WILL BE ACCEPTED**) immediately to:

AmeriCorps@CARE C/O NACCRRA 3101 Wilson Boulevard, Suite 350 Arlington, VA 22201

Date

Date

!!!MEMBERS MUST RETURN ALL UNUSED PORTIONS OF THE CHILD CARE COUPON BOOKLET!!!